IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

GENERAL POWER OF ATTORNEY

(for several applications filed in the USPTO)

As a representative of the Assignee, Medtronic Spine LLC, a Delaware limited liability company, I hereby appoint the Practitioners associated with the Customer Number 000046333 to act as our attorneys or agents to prosecute applications filed under Customer Number 000046333 and transact all business in the Patent and Trademark Office connected herewith.

Please address all correspondence and telephone calls regarding this application to:

Haynes and Boone, LLP 901 Main Street, Suite 3100 Dallas, TX 75202-3789 (972) 680-7557 (214) 200-0853 – Fax ipdocketing@haynesboone.com

The undersigned is the representative for the Assignee of the entire right, title, and interest in the patent application submitted herewith. A copy of the assignment or other documents in the chain of title, if applicable, are attached.

The undersigned (whose title is supplied below) is authorized to act on behalf of the Assignee.

may 20, 2008	Ву:	week Throng
Date		Noreen C. Johnson
		Vice President
		Title

PTO/SB/96 (01-08) Approved for use through 01/31/2008. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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STATEMENT UNDER 37 CFR 3.73(b)						
Applicant/Patent Owner: Reiley, Mark A. et al.						
Application No./Patent No.: 6899719 File	ed/Issue Date: May 31, 2005					
Entitled: Systems And Methods For Treating Fractured Or Diseased Bone Using Expandable Bodies						
Medtronic Spine LLC, a	corporation					
	(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)					
states that it is: 1. the assignee of the entire right, title, and interest; of	or .					
2. an assignee of less than the entire right, title and ir (The extent (by percentage) of its ownership intere						
in the patent application/patent identified above by virtue	of either:					
in the United States Patent and Trademark Office a thereof is attached.	oplication/patent identified above. The assignment was recorded t Reel, Frame, or for which a copy					
OR B. A chain of title from the inventor(s), of the patent ap	oplication/patent identified above, to the current assignee as follows:					
REILEY, Mark A.; SCHOLTEN, Arie; 1. From: TALMADGE, Karen D.; SCRIBNER, Robert	M. To: Kyphon Inc.					
The document was recorded in the United S Reel <u>009298</u> , Frame <u>0448</u>	States Patent and Trademark Office at, or for which a copy thereof is attached.					
2. From: Kyphon Inc.	To: Medtronic Spine LLC					
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3. From:	To:					
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Additional documents in the chain of title are listed on a supplemental sheet.						
As required by 37 CFR 3.73(b)(1)(i), the documental assignee was, or concurrently is being, submitted for reco	ry evidence of the chain of title from the original owner to the ordation pursuant to 37 CFR 3.11.					
	nal assignment document(s)) must be submitted to Assignment ecord the assignment in the records of the USPTO. <u>See MPEP</u>					
The undersigned (whose title is supplied below) is authori	ized to act on behalf of the assignee.					
Signature	Date					
Julie M. Nickols. Registration No. 50	.826 (972) 739-8640					
Printed or Typed Name	Telephone Number					
Appointed Practitioner						
Title						

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under									
37 CFR 3. I hereby a	73(b).								
			0000463	22					
✓ Practit	tioners assoc	ated with the Customer Number:	0000463	33					
OR Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):									
Practi	ioner(s) nam								
		Name	Registration Number	Na	ime 	Registration Number			
			27.0						
			Fig.						
			are the United States	Patent and Trademar	k Office (LISPTO) in co	nnection with			
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).									
		pondence address for the applicat	tion identified in the a	ttached statement un	der 37 CFR 3.73(b) to:				
			0000463						
✓ _{Th}	ne address as	sociated with Customer Number:	0000403)33					
OR									
Firm or Individual Name									
Address									
City			State		Zip				
Country									
Telephone)			Email					
	ame and Add								
Medtronic Spine LLC 2711 Centerville Road, Suite 400									
Wilmington, DE 19808									
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be									
I find in each application in which this form is used. The statement under 37 CFR 3.73(D) may be completed by one of									
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.									
SIGNATURE of Assignee of Record									
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee									
Signature	Signature 1. dud Nows			Date May 2, 2008					
Name	Name J Andrew Lowes Telephone 972-680-7557					7557			
Title	Appointed I	Practitioner							

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.